

Purpose A 35-item, interview-administered scale, the SAQLI evaluates four domains of quality of life associated with sleep apnea: daily functioning, social interactions, emotional functioning, and symptoms. A fifth domain – treatment-related symptoms – was developed for use with individuals currently undergoing therapeutic intervention. With its excellent responsiveness to change, the scale is ideal for monitoring the effectiveness of different apnea treatments.

Population for Testing In a validation study conducted by developers Flemons and Reimer [1], participants had a mean age of 52.1 years \pm 10.4.

Administration The scale is a self-report measure intended for administration by a trained interviewer. Time requirements for the SAQLI fall between 10 and 15 min.

Reliability and Validity The scale has been subjected to a number of psychometric evaluations, indicating good reliability and validity. At its inception, the scale was tested by developers Flemons and Reimer [2] and was found to have an internal consistency ranging from .88 to .92. The scale was responsive to mean change scores of 1.0 in patients undergoing treatment for apnea. Finally, changes in quality of life scores as measured by the SAQLI were correlated with scores obtained on most domains of a similar measure, the SF-36 (Chap. 76).

Obtaining a Copy A copy can be found in the original article published by developers [2].

Direct correspondence:

W. Ward Flemons

Alberta Lung Association Sleep Disorders Centre,
Foothills Hospital

1403 29th Street N. W., Calgary, AB, Canada
T2N 2T9

Scoring The processes involved in both scoring and administering the scale are relatively complex, limiting its use to those who have been specifically trained. For the first three domains (daily functioning, social interactions, and emotional functioning), respondents are queried about the frequency and severity of certain quality-of-life-related issues, and the degree to which they have been concerned about these issues. Individuals respond to these items using seven-point, Likert-type scales that range from 1 to 7, with higher scores indicating a decreased quality of life. The fourth and fifth domains offer respondents lists of symptoms (both treatment-related and not) and ask whether or not they have experienced those symptoms. Following this, individuals are required to select the five most important symptoms and to rate how much of a problem they have been on a scale from 1 to 7. A final visual analogue rating scale is offered, which respondents use to rate the changes treatment has made in their lives (both in improved quality of life and in treatment-related symptoms).

If domain five has not been endorsed, scoring is performed by finding the mean scores for each of the first four domains, summing them, and dividing by four to obtain an overall mean score. However, if treatment is underway and the fifth domain has been used, symptom scores are reversed, summed, and a mean score is found by dividing by five. This value is then weighted and applied to the overall score in order to obtain an accurate measure of both the benefits and costs of treatment.

References

1. Flemons, W. W., & Reimer, M. A. (2002). Measurement properties of the Calgary sleep apnea quality of life index. *American Journal of Respiratory and Critical Care Medicine*, 165, 159–164.
2. Flemons, W. W., & Reimer, M. A. (1998). Development of a disease-specific health-related quality of life questionnaire for sleep apnea. *American Journal of Respiratory and Clinical Care Medicine*, 158(2), 494–503.

Representative Studies Using Scale

- Parish, J. M., & Lyng, P. J. (2003). Quality of life in bed partners of patients with obstructive sleep apnea or hypopnea after treatment with continuous positive airway pressure. *Chest*, 124(3), 942–947.
- Whitelaw, W. A., Brant, R. F., & Flemons, W. W. (2005). Clinical usefulness of home oximetry compared with polysomnography for assessment of sleep apnea. *American Thoracic Society*, 171, 188–193.